CORD. Every item of infor-Exact statement of OCCUPA-PHYSICIANS mation should be carefully supplied. AGE should be stated EXACTLY. LY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED N. B.—WRITE PLA

V. S. No. 1

should state

1. PLACE OF DEATH	CERTIFICATE OF DEATH 10122
	13)
County Lugar Clure	Registration Dist. No. 252
Village or City Centrella	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME John Thomas ade	and.
	St., Ward.
(a) Residence: No.↓ (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH Sept. 6 - 193 V
5a. If married, widowed, or divorced	(Moryh) (Day) (Year)
HUSBAND of Carrie Hilson	22. I HEREBY CERTIFY. That I attended deceased from Seft. 6 1935
DATE OF BIRTH (month day and was) Dat 55 - 1885	I last saw h in alive on Seft-6. 1935 death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2m.
(53) 53 10 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, Blacksmith	Chrome Secteratitial reflicities
9. Industry or business in which	
kind of work done, as SPINNER, SAWYER, BODKKEPFR, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	-
this occupation (month and	
year) occupation	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) Usine Weundel C	mitral regurgitation
(State or country) md	
13. NAME Geo. (Lams 14. BIRTHPLACE (rity or town). amena arundal.	
14. BIRTHPLACE (sity or town) ame arendel	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sarah Egrans	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). United Agreemdel	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT PRI CAMIALIX	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (intrevelle find.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Letter Date Det 7-, 1931	Nature of injury.
19. UNDERTAKER Mrs. annie W. Eddew	24. Was disease or injury in eny way related to occupation of deceased?
(Address) Centrendle Man	If so, specify
20. FILED Selat. 9, 1935 Thamis & Bright Registrar.	(Signed) W. Veury Violer M. D. (Address) Partiquièle M. J.
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "machanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk

Statement of cause of death.—Cause in death ans, the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyx , asthepia, e.c. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any related to the principal cause and any important complication of the principal cause. Under other contributors causes of importance, name other important diseases or injuries. Examples:

Example 1	W (2)	Example II	
The principal cause of death and related causes of importance were as follows:	Date of orges	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 7035	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage . S.	July 5, 1927	Peritonitis	3 days ago
The second state of the se			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address state Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II			
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 10125
1. PLACE OF DEATH	54d)
County Leege Cline	Registration Dist. No. 252
Village or City Centrevelle	No. St., Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary elizabeth Jo	lankaro
(a) Residence: No. Centreviere The	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORDED (write the word)	21. DATE OF DEATH 21 1935
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTLEY, That I attended deceased from
7. 12 1090	19 to 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6. DATE OF BIRTH (month, day, end yeer) / O / O / O / O / O / O / O / O / O /	I last saw h. A. alive on 1922; death is said
37 Q ldey,hrs	to have occurred on the deta stated above, et
	Date of onest
8. Trada, profassion, or perticular ' kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	dermos of the brain: Be
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes dona, es SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month and	mign ; losation : poteritary; durotion:
- I should the ting	fine or six fears. Ceusa.
yaar) occupetion	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(Stata or country)	Mule Nopholice
13. NAME Edward. 13. Geldslaro  14. BIRTHPLACE (city or town). Centreporter	
4 14. BIRTHPLACE (city or town) Cuttipuele	Neme of operation Date of
(Stata or country)	Whet test confirmed diagnosis? Wes there en eutopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  Clevel Steel	23. If death was due to extarnal causes (VIOL ENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) Clerch Thee	Accidant, suicida, or homicide? Date of Injury, 19
(Steta or country)	Whera did injury occur?
17. INFORMANT Jake Galdulaco (Address) Courtre es 200 - N	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placa Centravelle Date, Sept 23,193.	Nature of injury
Beston Bra	
19. UNDERTAKER ACTION (Address)	24. Wes disease of injury in any way ralated to occupation of deceased?
(NUUIESS)	If so, specify
20. FILED Dept 23, 1935 // Camer S. Graft.	(Signed) M. D.

If more blanks are needed, address Suite Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known: Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of enset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis OCT 3 1900	1921	Run over by street car	1 week ago		
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.

of OCCUPA-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1	1	1	63	17	
1	U	1	-	13	
	-	-	-		

1. PLACE OF DEATH  County  County	Registration Dist. No. 252
Village or City Centrevelly R. 7. D.	No. St., Ward
Length of residence in city or town where death occurred 3 4 yrsmos	If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. If of foreign birth?yrsds
2. FULL NAME Cura A Handy	man the signal and all the said of the
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Thurst  Substitute  S. SFNGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Seft- 17-, 193 5 (Month) (Day) (Year)
5a. If merried, widowed, or divorced P. Handy (or) WIFE of Paper P. Handy	22. I HEREBY CERTIFY, That I attended deceased from Seft. 16. 1935 to Seft. 17. 1935
6. DATE OF BfRTH (month, day, and year)  7. AGE  Years  Months  Deys  If LESS than  1 day,hrs.  ormin.	I last saw h alive on
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)  12. BfRTHPLACE (city or town) (Stete or country)	Julerial Famorrhice  Frossibly wheer of Stown al.  Bastric Greftic wheer with hemorrhoge. Culp  Durotion: unknown.  Other Contributory Causes of Importance:  Physician only saw has during last  illnesse. Culp
14. BIRTHPLACE (city of town)  (Stete or country)  13. NAME  Senganin  Sould  Company  Compan	Name of operation Date of What test confirmed diegnosis? Wes there an autopsy?
15. MAIOEN NAME Masy Ellen Masch  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  Culturelle with	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREATING, OR REMOVAL Place Settle Communication Oate Septing, 1931	Manner of injury
19. UNDERTAKER Button Bilot (Address) Curtivacelle Mil 20. FILED Sept. 19, 1935. Thamic L. Bright Local Resistrat.	24. Was disease or injury In any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  (Address)  M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
217 007 0000007 0000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 3 1953	July 5,1927	Peritonitis	3 days ago
BURFAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE F	OR I	FURTHER	STATEMENTS	BY	PHYSICIAN
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Date of onset

Wes there en eulopsy?\_\_\_\_

BINDING RESERVED

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows NOV 2 1935	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrikis BUREAU Y &	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Jaly 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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BINDING

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MARGIN

V. S. No.

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Example I		Example II		
The principal cause of importance were	of death and related causes as follows:	Dete of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	INTERNATION	1915	'Attack of epilepsy	1 week ago
Chronic interstitiat ne	phritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	OCT 7 1935	July 5,1927	Peritonitis	3 days ago
	PUREAU V.S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

# STATE OF MADVI AND CEPTIFICATE OF DEATH

1. PLACE OF DEATH		159)			1
County Quicen Cfs	ml		Registration Di	st. No. 25	14
Village or City Lesonus	eee N	lo		St.	Ward
Locath of socidence in the day of the last		occurred in a hospital or institut			
Length of residence in city or town where death occurred	yrsmos	ds. How long In U.S. if of	foreign birth?	yrsn	10sds
2. FULL NAME Augh Chan	re Jones				
(a) Residence: No. Arasonu		t.,Ward.			
PERSONAL AND STATISTICAL PAR	lace of abode)	MEDICAL CE	If nonresident gi	ve city or town an	d State
		DATE OF DEATH	RIFICATE	OF DEATH	
J OR-DIVOL	RCED (wrife the word)	DATE OF DEATH		4	10365
	gee	***************************************	(Month)	(Oay)	(Year)
ia. If married, widowed, or divorced HUSBAND of	22.	IHEREBY	CERTIFY	That I attended	deceased from
(or) WIFE of					
B. DATE OF BIRTH (month, day, and year)		t saw h alive on			
AGE Years Months Oays	_ If LESS than to he	ave occurred on the date stated	ebove at 6:00	2/m	
0 0 6	1 day,hrs. The	PRINCIPAL CAUSE OF DEAT			
8 Trade profession or particular	l ormin. were	as follows:			Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	laut 7	Be - well	,		
9. Industry or business In which		assigna	sully.		
work was done, as SILK MILL, SAW MILL, BANK, etc		75	22000	************	
10. Oate deceased last worked et this occupation (month and	tal time (years)		- lad		
year)	ocaupation				
12. BIRTHPLACE (city or town) - Landing		er Contributory Canses of Impor	rtance:		
(State or country)	,				
13. NAME Paul June	0				
14. BIRTHPLACE (city or town) Q Co.	Sam Nam	e of operation			
(State or country)	200	t test confirmed diagnosis?			-
15. MAIDEN NAME	#				
15. MAIDEN NAME  16. BIRTHPLACE (city or town) — 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1	death was due to external caus			•
16. BIRTHPLACE (city or town) (State or country)	7	dent, suicide, or homicide?		te or injury	, 19
For O		re did injury occur?	(Specify city or to	wn, county and Sta	ite)
(7. INFORMANT (Address)	Spec	ify whether Injury occurred in	INOUSTRY, in HOM	E, or in PUBLIC PI	ACE.
8. BURIAL, CREMATION, OR REMOVAL	Ble				
Place frasonville Date 9	10.4	ner of injury			
7 105				/	
9. UNDERTAKER Trank Jh	omas 24. W	as disease or injury in any wa	y related to occupati	on of deceased?	
(Address) Stevensyrlle	- ma. If so	, specify	777		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

ri Pi ż

PHYSICIANS should state CORD. Every item of infor-

stated EXACTLY. A PERMANENT

AGE should be

SI

WITH UNFADING INK-THIS MARGIN RESERVED

CAUSE OF DEATH in plain terms, so that it may be

be carefully supplied.

mation should -WRITE

FOR BINDING

properly classified.

Exact statement of OCCUPA.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis of 7 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

. 1	-WF	Mau
S. No.	m	
>	z	1
		-

1. PLACE OF DEATH	OF MARYLAND—	CERTIFICATE OF DEATH
County Quelen	Trixe	Registration Dist. No. 253
Village or City to hes		ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where	death occurred_ 2_8_yrsmos	ds. How long in U. S. if of foreign birth?dsds
2. FULL NAME Day. Wim	6 mory mar	okalku.S. Veteran specify WAR
(a) Residence; No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sept. 13 193 5
ia. If married, widowed, or divorced	( Widowed)	(Month) (Day) (Year)
HUSBAND of Marie B	elle Jones	22. YUL HEBEBY CERTIFY, MAI I extended deceased from 19 19 20, to 2 19 3, 19 3
5. DATE OF BIRTH (month, day, and year)	une/2. 1851	I last saw h. Le alive on Jeto 171, 1935; death Is sa
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at/Mm.
84 3	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Vatersman	Change bullio cleron
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	ystering of	
10. Dato deceesed last worked at this occupation (month and 1933)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country)	and The	Other Contributory Causes of Importance:
1	uel marshall	
13. NAME W. Sant	nerset County	Name of operation Date of
(Stete of country)	ryland	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Kachel		23. If death wes due to external causes (VIDLENCE) fill In also the following:
15. MAIDEN NAME Kachel  16. BIRTHPLACE (city or town)	rale marylana	Accident, suicide, or homicide? Date of Injury, 19
E (State or country)	No P	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Saugel (Address)	Marshall and	Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury
Place Dominion	Date Dept. 14, 1935	- Nature of injury
19. UNDERTAKER MV. 7. 6.	Thomas	24. Was disease or injury any way related to occupation of deceased?
20. FILEDOLD 13, 1935 F.	Chorpus	If so, specify (Signed)  M.
	Local Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1035	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Recognition of the part of the			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10131
County Line Cause	Registration Dist. No. 950
Village or City Mullinglow Mid	NoSt., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign blrth?yrsmosds.
2. FULL NAME Dusie Maylerry	
(a) Residence: No. Ne as Willington Ma	. St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.  OR DIVORCED (write the word)	21. DATE OF DEATH Sept. 26 1935 (Month) (Day) (Yeer)
5a. If married, widowed, or divarced HUSBAND of (or) WIFE of  Tames Thay havey	22. I HEREBY CERTIFY That 1 ettended deceased from  1935 10 Subst. 26 1935.
6. DATE OF BIRTH (month day, and year) August 10 4 1873	I last saw hour elive on Sefet 1 26 , 19 35; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular	were as follows. an cer of Stamache Data of one of
8. Trade, profession, or particular kipd of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kipd of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked et this occupation (month and	<i>V</i>
10. Date deceased lest worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) Clate or country)	Other Contributory Causes of importence:
13. NAME Mose Scuse  14. BIRTHPLACE (city or town)  (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME / La Charl Watson  16. BIRTHPLACE (city or town).  (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT ames may brey (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Removal Place Blackston, Dela Dato Sept. 30 19 35	Manner of Injury
19. UNDERTAKER ! Wells transies (Faries)	24. Wes disease or injury In any way related to occupation of deceased?
20. FILED 19/28, 1935 James J. Throtto	(Signed) Alacy M. D.  (Address) Crawfaton M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I C	to disagraphic for the second	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 2	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial mephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(92-00)
County fleen Unine Co	Registration Dist. No. 254
Village or City Recentain	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
n. al	100 101g ii 0.0.11 of 1010igii birtii:
2. FOLL MAINE	,
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIYORCED (write the word)	21. DATE OF DEATH Leaber 193 (Month) (Day) (Year)
5a. If marriad, widowed, or diverced HUSBAND of	
(or) WIFE of Christeel Marren	22.   I HEREBY SERTIFY, That attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct 16-1858	Vlast saw h Ma aliva on Slast Saw h 1955 : death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Yaars Months Days If LESS than	to have occurred on the date stated bove, at 1.30 m.
72 11 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trada, profassion, or particular	ware as follows:  Date of onset  1 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	13.1
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  Studustry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date daceased last worked at this occupation (month end)  11. Total tima (years) spent in this	/
SAW MILL, BANK, etc	
this occupation (month end 1933 spent in this occupation spent in this occupation	
Kent Co	Othar Cautributory Causes of Importence:
12. BIRTHPLACE (city or town) (Stata or country)	
13. NAME KALW III. Pueler	
13. NAME  14. BIRTHPLACE (bity or town)  (State or country)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Quice M. Pekken	23. If daath was dua to axtarnal causas (VIOLENCE) fill In also the following:
15. MAIDEN NAME Quie M. Pepper	Accidant, suicide, or homicide?
≥ (State or country)	Whera did injury occur?
17. INFORMANT Speldare Pruder	(Specify city or town, county and State) Spacify whathar injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Oluliturale Ny Data Sapt 70, 1935	Natura of injury
19. UNDERTAKER / Sarton / 3 ra (Address) Centheres.	24. Was disaase or injury in any way related to occupation of deceased?
20. FILED Sept. 20, 1935 - Deen M- dedud	(Signad) Super M.D.  (Addrass) Super Lunion - M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

10129

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago RURPAL V. S. Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

N. B.-WRITE PL mation CAUS

V. S. No. 1

1. PLACE OF DEATH	- OF MARTLAND	- TOT-Q
County Live	~ Tune	Registration Dist. No. 2 5 3
Village or City The Length of residence in city or Joyn	elling on Tuf	No. St., Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number)  nosds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME	range Celbert, y	olts"
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STAT	TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOB OR RAC	5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That Lattended deceased from
6. DATE OF BIRTH (month, day, and year)	my 14 /935  This I days If LESS than 1 depthi	I last saw A. Liu, alive on
8. Trade, profession, or particular kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc	R, Child	Premary From the memory Date of onest  Did not assurant a complication on sequelal  of same other diseased a Confidence
10. Date deceased last worked et this occupetion (month and year)  12. BIRTHPLACE (city or town)	11. Total time (years) spant in this occupation  Nieflurtur Ind	Other Coutributory Causes of importance:
(State or country)	NO VIDE	
13. NAME Clerence	When your	
H 13. NAME Clercuse  14. BIRTHPLACE (city or town)  (Stete or country)	mu come Co My	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME / Kuth	- Watreen	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME / Cutto	Del.	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Le larce (Address) Millin	er Patts	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place LLEYS RE	Date Sept. 28, 19.3	Manner of injury
19. UNDERTAKER Claser (Address) Tuille	yer Potto	24. Was disease or injury in any way related to occupation of deceased?
10. FILED Sept 27, 1935	F. M. Slack Registrar.	(Signed) M. D. (Address) M. D. Cerumption, Full

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:  Arteriosclerosis	Pate of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10134
1. PLACE OF DEATH	
7	Registration Dist. No. 250
Village or City / Us Barclery	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
×	death occurred in a hospitator institution, give its INAIVIE instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Quas V. Lud Per	If U.S. Veteran specify WAR
(a) Residence: No. Bolova (Duland	St., Ward.
(a) Residence. No. (Uspriplace of abole)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or diverged HUSBAND of	
(or) WIFE OF Class of Sand Send	22. I HEREBY CERTIFY That I attended deceased from
1 /289	I last saw h alive on 1934, to TM, 1932; death is said
6. DATE OF BIRTH (month, day and year)  7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Ormin.	wara as follows:
kind of work dona, as SPINNER,   wrn / and	Central Home ordings
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc  10. Date deceased last worked at this occupation (month and	
this occupation (month and spant in this occupation occupation of the spant in this occupation occu	
- Marchan	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Perhal Policed Volume
13. NAME Conde Pudles	The state of the s
13. NAME Charles (city or town) Town Brownshay	Nama of operation. Date of
(State of country)	What test confirmed diagnosis? Was thara an autopsy?
15. MAIDEN NAME Funs Partelustr	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Page 16. State or country)	Accident, suicide, or homicide?
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Festis Je Clysler	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Daidly My.	Manner of injury
Place Barday gate Duby 10 ,1905	Nature of injury
19. UNDERTAKER W. H. Good	24. Was disease or injury in any way related to occupation of deceased?
(Address) Whench Tall	If so, specify
20. FILED Slpt. 7, 1933 - Clifable the Registrar.	(Signed) M.D. M.D. (Address) M.D. M.D.
If more blanks are needed, address State Revistrar.	2417 N. Charles Street, Baltimore, Requesting V. S. No. 2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related cause of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1 4	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
H RUDEAU V		18 110.03 1	
100			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1,343,0

Gallstones	May 1,1923	Gastroenteritis	1 year
ADDITIO	ONAL SPACE FOR FURTH	ER STATEMENTS BY PHYS	ICIAN
			CNA STATE

-WRITE PLA

N. B.-

1. PLACE OF DEATH	48
County keen Cenne	Registration Dist. No. 252
Village or City Centrevice	No. St. Ward
11.1 (If	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Dysau Clew I	lunseal
(a) Residence: No. Centrevole (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED, OF DIVORCED (Spring the word)	21. DATE OF DEATH Seft: 19- 193.5
5e. If merried, widowed on divorced	(Month) (Day) (Yeer)
(or) WIFE of Benjinan Farmens.	22. I HEREBY CERTIFY. That I attended deceesed from Seft 2-4- 1934, to 5-17-1936
6. DATE OF BIRTH (month, day, end yeer) Lee 24-1859	I last saw h elive on, 19; death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, et
75 8 26 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Carculous of atoms
9. Industry or business in which	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Dete deceased last worked et this pecupation (month and	
- Spent in this	
yeer) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME TOLEN Maintray	
13. NAME JOKE Marotray  14. BIRTHPLACE (city or town)	Manual de la Manua
14. BIRTHPLACE (city or town) On the Cut	Neme of operation Date of h
	What test confirmed diagnosis? Wes there an eutopsy?
AC INVIDENTIAL CONTRACTOR OF CONTRACTOR	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Elizabeth Dafman  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) (Address)	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plece Date Sept 21, 1925	Neture of injury
10 HADESTAVED / SARTO / SAR	24. Wes diseese or injury in any way releted to occupation of deceesed? 20
19. UNDERTAKER (Address)	If so specify
Solt 20 25 M. G. P. 11	(Signed) W. Jewy Jesley M. D.
20. FILED Ship . at C., 1932. I lame De Dright.	(Address) Jouleville mid
Took Meganar.	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I	1	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	400	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis ( ( )	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	V
ADDITIONAL	SPACE	FUR	FURTHER	STATEMENTS	BI	PHYSICIAN	A

V. S. No. 1

B

China Carina

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH  County Auru auru  Village or City Mushy Muso.	Registration Dist. No. 252 254
Length of residence in city or town where death occurred with mos  2. FULL NAME  (a) Residence: No.  (Usual place of abode)	death occurred in a hospital or institution, give its NAME instead of street and number)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)  Male  Married to the world)	21. DATE OF DEATH  Selst / U - 193 & (Moghh) (Day) (Year)
a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Hetty & Wilmer.	22. I HEREBY CERTIFY, That I attended deceased from 19
AGE Years Months Days If LESS than 1 day,hrs.	I last saw h. 2 alive on
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and this occupation)	Frylind Skul
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importence:
13. NAME Thomas Wilmer,  14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of  What test confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAME Cline Construction (State or country)	23. If deeth wes due to external causes (VIOLENGE) fill in elso the following:  Accident, suicide, or homicide?  Where did injury occur?
17. INFORMANT Nellie & Welner .  (Address) Easters and .  18. BURIAL, CREMATION, OR, REMOVAL	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE
Place Croleva md, Date Del 18, 1935	Nature of injury

19. UNDERTAKER N. B. Rawlings:
(Address) Series ord Md.
20. FILED Sept. 16, 1935 Manie & Bright
Rocal Registrar.

Nature of injury

24. Was disease or injury in any wey related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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" Every	Y. PHYSICIANS	Exact statement	
S IS A PERMANENT	e stated EXACTL	e properly classified.	f certificate.
N. BWRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT MECARD. Every is	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement	TION is very important. See instructions on back of certificate.

V. S. No. 1

	CERTIFICATE OF DEATH 10137
1. PLACE OF DEATH	92:00
County Alle New	Registration Dist. No. 25/
Village or City Multiple Village or City Multi	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
. 21	death occurred in a no-pital of institution, give its IVAIVIE instead of street and number) ds. How long in U.S. if of foraign birth? ds.
2. FULL NAME Afella Afelloca	If U.S. Veteran epecify WAR.
(a) Residence: No. Adle (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEV 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH SUFF // 1995
5e. If marriad, widowad, or divorced	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceesed from
6. DATE OF BIRTH (month, day, end year)	I last saw h A alive on A 4 9 , 199 ; daath is said
7. AGE Yaars Months Days If LESS than	to heve occurred on the data stated above, at 4217 h.
36 9 5 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Luthen Jezon News 3mg
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.  10. Date deceased lest worked at this occupation (most) and speak in this	J. 4.7. U.S.
10. Date deceased lest worked at this occupation (month and spant in this year)	
	Other Contributery Canses of importance:
(State or country)	a la fello filo
13. NAME TOURS & LEODEL	10011-100
13. NAME 10000	Name of operation Date of Date of
(State or country)	What test confirmed diegnosis?
15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or sown)	Accident, suicide, or homicide? Date of injury, 19
Stata or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Control of Sud R. F.	Spacify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Salem - Col Cine e Date Sight 14, 1935	Natura of injury.
19. UNDERTAKER H. H. GOOD CINCLE (Address) Charles Charles	24. Was disaase or injury in any way ralated to occupation of daceased?
20, FILED Sept 14, 19 35 - 77, H Lood	Endofully Decelly M. D.
Registrar.	(Address) Cliffy & Till

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 aroon
			1 year